

# ACT Public Health Services Quarterly Performance Report

June 2013



This is the fourth Quarterly Report on ACT public health system performance for 2012–13. The report provides a visual demonstration of the performance against existing targets as well as those implemented through the National Health Reform.

The National Health Reform has introduced a number of targets relevant to both the performance of our emergency departments as well as ensuring that we provide timely access to elective surgery.

ACT Health has continued to work with the individual health services to develop reporting tools that support effective management of our available resources and ensure that clients within the ACT and surrounding region are able to gain access to services as well as information on the performance of healthcare services.

The ACT Public Health Services report for 2012–13 shows that the increased investment in the Territory's public health services is working to provide improved access to care.

## Public Hospitals

- In 2012–13 the ACT Government funded an additional 40 inpatient beds into ACT public hospitals. This takes our public hospitals estimated capacity to 979 beds. This is an increase of 309 beds since 2001-02 when we were first elected to Government, a 46% increase over nine years.
- Preliminary data for 2012–13 suggests a 2% increase in cost weighed separations for our ACT Public Hospitals when compared to 2011-12.
- Preliminary figures suggest in 2012–13 there were over 4,800 births at our public hospitals, an 8% increase compared to 2011-12.
- In 2012–13, outpatient services have grown by 6% when compared to 2011–12.
- The average waiting time for public dental health services for 2012–13 was 12 months.
- Childhood immunisation rates exceed the national target of 90%, with a result of 93% recorded for 2012–13 which is consistent when compared to 2011–12.

- The Walk-in Centre (WiC) is now an established part of our health service infrastructure, providing the community with another option for the treatment of minor and one-off conditions. For 2012–13, 19,142 clients presented to the WiC for treatment – a 10% increase compared with the same period last year.

## Surgery

- This is now the third consecutive year that our public hospitals provided for over 11,000 elective surgery procedures. 2012–13 was a record year for elective surgery in the ACT, with 11,579 patients accessing their elective surgery. This result is now the highest on record for the ACT. This result was also 2% above the result of 2011-12. The ACT Government will again provide over 11,000 elective surgery procedures in 2013–14.
- The increase in activity has also led to a significant decline in the number of patients waiting beyond the clinically recommended timeframes for surgery, with 705 long wait patients on the list at the end of 2012–13. This result is a 21% reduction on the 898 recorded for the same period in 2011-12, and 68% reduction compared with the same period in 2009-10. The 705 long wait patients is the lowest end of year total on record for the ACT.
- At the end of 2012–13, the number of patients waiting longer than one year for surgery was 207. This is a 75% reduction compared with the same period three years ago. Whilst this is still too high, our commitment to improving access to elective surgery will result in this number reducing in future reports.
- ACT Health reports the median wait time to access elective surgery. This ensures that any improvement or deterioration in the way we manage the elective surgery waiting list is evident so we can adjust management to improve access as required. The result of 51 days reported for 2012–13 is a vast improvement on the 77 days reported for 2010–11, which is evidence that our approach is paying off.
- The increased access to elective surgery is particularly pleasing given the continued demand for emergency surgery. For 2012–13, 6,890 people had emergency surgery. Whilst this is slightly lower than previous year, emergency surgery makes up 36% of the total surgical activity performed at ACT public hospitals.

## Emergency Departments

- ACT Health is committed to improving waiting times in our emergency department services and is working towards meeting the newly implemented National Emergency Access Targets (NEAT).
- Emergency department presentations grew by 580 presentations in 2012–13, up from 118,389 presentations recorded in 2011–12, to 118,969 presentations recorded at the end of 2012–13 – the highest number of presentations on record.
- Admissions to hospital via the emergency department have also grown, with 31,206 admissions reported over 2012–13.
- The proportion of patients admitted to a hospital bed within eight hours of being seen in the emergency department for 2012–13, was 73%. This result is below the target of 75%, and below the 77% reported for the same period in 2011–12. The 1% increase in admissions, and the continuing increase in demand for inpatient services, has been a contributing factor in reducing timely access to an inpatient bed.
- ACT Public Hospital Emergency Departments did not meet National targets for timely access to emergency care in three of the five triage categories. Presentations within Triage Category one and five are currently meeting national targets.
- Targets were not reached for triage category two, three or four presentations.
- While there has been growth in the number of presentations to the emergency departments, there has been a 10% decrease in non-urgent category 5 presentations. This reflects a significant increase in higher acuity presentations, increasing pressure on emergency department resources, and can restrict the ability to see and treat lower acuity presentations in a timely manner.
- Our emergency department staff are currently reviewing their processes, and working with their colleagues throughout the hospitals, to work out ways of eliminating barriers that delay quick access to services and improve patient flow through the emergency departments.
- The 2012–13 budget provided additional investment of \$12.7 million to assist in further improving access to emergency department and inpatient services. The money provides additional capacity and treatment options for our emergency departments to see, treat and move on patients who present to our public hospital emergency departments.
- Some of the initiatives to be undertaken over the next four years include:
  - Adding an additional 170 beds to the hospital system to provide for quicker transfer of patients from emergency departments to appropriate services to free up room for people waiting;
  - Employing new doctors and nurses within our emergency departments to manage increasing demand, including four new specialist senior emergency physicians;
  - Increasing the focus on improved and coordinated discharges to enable patients to leave the hospital in the most efficient manner, with all their discharge needs catered for;
  - Continuing the improvements in systems to support people with chronic conditions being supported in the community, including programs such as the home tele-monitoring program;
  - Providing for direct admission by GPs to services like Hospital-in-the-Home for specific conditions such as deep vein thrombosis therapy or cellulitis; and
  - Ensuring both public hospitals continue to plan effectively for seasonal changes in demand patterns, such as the annual establishment of a winter strategy which provides for changes in the way hospitals operate during peak periods and how hospitals and community services can work better in high-demand periods.

## National Health Reform

- The National Health Reform Agreement was agreed to by all States and Territories in August 2011.
- A set of performance targets were included in the agreement to ensure timely access to services were a priority for all health sectors across the nation. These performance indicators are measured over the calendar year.
- The National Emergency Access Target (NEAT) requires that 90% of all presentations have a length of stay in the emergency department of no more than four hours by 2015. The targets will be staged incrementally over the next four years. In the 2012 calendar year, ACT Public Hospitals reported a total of 57% of patients with an emergency department length of stay less than four hours against the target of 64%. For the first six calendar months to January 2013, ACT Public Hospitals reported a result of 58% of patients with a length of stay less than four hours in the emergency department against the 2013 target of 65%.
- Both Canberra Hospital and Calvary Public Hospital have shown recent monthly improvements in relation to NEAT performance. Continual process improvement and additional infrastructure should assist the ACT in meeting the NEAT targets in the future.
- There are three components to the National Elective Surgery Targets (NEST), these are aimed at both ensuring timely access to surgery whilst reducing the number of patients waiting beyond clinically recommended time frames. The final targets for all components of the NEST are to be met by December 2016, with the first set of targets to be achieved by December 2012. These targets will incrementally increase over the calendar years up to the conclusion of the agreement.
- For the 2012 calendar year, ACT Public Hospitals were successful in meeting all three components of the National Elective Surgery Targets. This is a great result for the ACT.
- On 27 February 2013, the AIHW released its first annual report on jurisdictional performance against emergency access and elective surgery targets. The report shows that the ACT was the only jurisdiction to meet all three components of the national elective surgery targets.

- Part 1 of the NEST refers to the proportion of patients who access their elective surgery procedure within clinically recommended timeframes. For Category One patients (the most urgent category) surgery should be provided within 30 days (2013 target is 97%). For Category Two patients, surgery should be provided within 90 days (2013 target is 66%), and for Category three patients, surgery provided within 365 days (2013 target is 86%).
- For the first six calendar months to June 2013, ACT Public Hospitals achieved the required targets for category one and three patients accessing their surgery on time. Category two patients are currently not meeting the target reporting a result of 57% of category two patients accessing surgery on time against a target of 66%. ACT Health is working closely with both public hospitals to implement strategies to provide more timely access to surgery for this cohort of patients.

## New South Wales Activity

- The ACT is committed to servicing the health needs not only of the residents of the ACT, but of the surrounding region.
- Of the 118,977 presentations to ACT public hospital emergency departments, approximately 11% of patients present from NSW.
- NSW residents account for approximately 29% of all surgical procedures from our public hospitals, and 17% of all hospital separations.

## Medicine

- Medical services at our public hospitals are a large portion of the total activity generated in the health services of the ACT.
- Endoscopy services provided 4,557 procedures in 2012–13. Whilst another 300 endoscopy procedures have been funded in 2012–13 to reduce the waiting list and improve timely access to this service in the Territory, demand for endoscopy procedures have increased by 9% in 2012–13, with over 5,200 people added to the endoscopy waiting list.
- ACT Health is managing medical waiting lists in the same manner as its surgical counterparts. Timeliness for endoscopy procedures is currently below the desired targets. However, a number of strategies are underway to increase access to endoscopy services including the physical expansion and redesign of the Gastroenterology Service at Canberra Hospital.
- The median waiting time for patients requiring access to interventional cardiology services was 20 days, with 1,319 patients being treated over 2012–13. A shortage in allied health cardiac staff and increase in demand has resulted in extended waiting times.

## Capital Region Cancer Service

- Despite the increase in demand for radiation therapy services, waiting times have maintained the excellent record of recent years with almost 100% of the two most urgent categories receiving access within the timeframes, and 98% of the non - urgent category patients receiving care within standard timeframes for 2012–13.
- Waiting times for Breast Screen appointments have improved as a result of improvement strategies. The engagement of two permanent radiographers in the second quarter of 2011 has resulted in the full establishment of radiography staff. Locum and casual radiographers have also been engaged.

- The BreastScreen ACT program no longer provides services to the South East New South Wales. This has freed up radiography staff to provide services to women of the ACT.
- For 2012–13, 97% of women waited less than 28 days for their screening appointment. This is a marked improvement on the 71% reported in 2011–12.
- Waiting times for the proportion of women who receive an assessment within 28 days has also improved with a result of 94% reported for 2012–13, compared to 88% reported in 2011–12.
- Despite ready availability of appointments, getting women in to the Program to attend for screening is proving difficult. To improve the numbers, BreastScreen ACT has commenced an active recruitment campaign using multiple strategies, such as contacting lapsed attendees and sending letters to General Practitioners to encourage women to have a breast screen. There were a total of 14,017 breast screens performed for ACT residents over 2012–13, compared with the 15,019 screening procedures reported for 2011–12.
- Improvements to the Breast Screen ACT program include the introduction of digital mammography machines and a Picture Archiving Communications System (PACS) which have replaced the previous analogue machines used by BreastScreen ACT. The new mammography equipment provides higher quality images while generating lower radiation exposure for clients.

## Mental Health, Justice Health and Alcohol and Drug Services

- In 2012–13 the calculation methods for seven days post discharge and outcome measures completed performance indicators were changed, due to establishment of the Local Hospital Network. The revised methodology calculates the total aggregate count of the individual hospital services.
- Seven day post discharge contact refers to direct contact with the consumer by community mental health services following an inpatient admission. Not all consumers will be contacted by community services as they are either referred out of area (ACT) or prefer follow-up by non-government mental health services. It is also estimated a small percentage (<2%) are not able to be contacted for a variety of reasons out of community mental health services control. For 2012–13, 76% of Calvary and 91% of Canberra Hospital consumers were directly contacted, 7 days after the discharge from an inpatient unit.
- For 2012–13, outcome measures completed at the Canberra Hospital did not meet the target (>65%) with a result of 58%, while Calvary hospital exceeded the target with a result of 87%.
- Previous year's calculations were based on the average total of all mental health services combined. Due to the difference in calculation methodologies, previous year's data hasn't been reported for comparison.
- The use of seclusion in the ACT mental health services continues to remain low; however from time to time there may be a 'spike'. In 2012–13, seclusion was used as a last resort and kept to an absolute minimum resulting in a very low rate (1.5%).
- Twenty-eight day unplanned readmission rate is variable depending on the complexity of individual consumer's needs and the number of complex consumers presenting for inpatient service support at any given time. The unplanned re-admission rate for 2012–13 was 9.8%, a slight improvement when compared with to 2011–12. It is also known that community follow-up by mental health services, carer involvement and other community supports are key factors in the reduction of the chances of a readmission within 28 days of an initial inpatient admission.

## Rehabilitation, Aged and Community Care Services

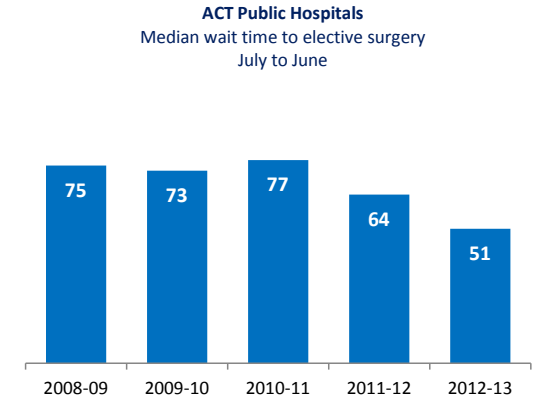
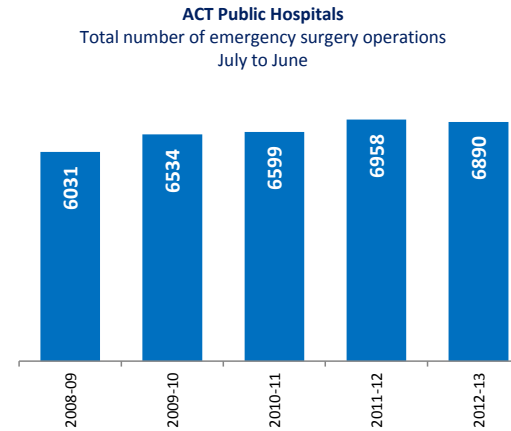
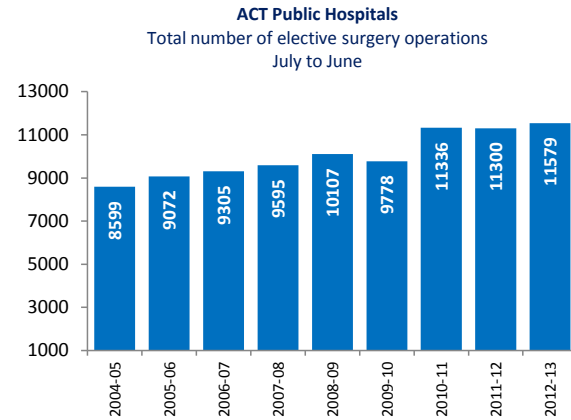
- The average waiting time for an in hospital Aged Care Assessment Team review is slightly above the target of 2.0 days, with a result for 2012–13 of 2.5 days. Difficulty in recruiting to specialised positions has led to a decrease in timeliness.
- The number of nursing home type patient separations from hospital for patients at the Canberra Hospital has doubled over 2012–13. This is partly due to a lack of nursing home beds while the refurbishment of Ginninderra Gardens Nursing Home is underway.

## Quality and Safety

- The rate of unplanned return to hospital generally remains below target at both our public hospitals. The target is set higher at the Canberra Hospital due to the more complex clinical needs of the patients that this hospital treat, meaning that there is a slightly higher chance that they will require readmission to hospital for follow up treatment.
- The Hospital Acquired Infection rate at Canberra Hospital for 2012–13 was below the target. Results for Calvary Public Hospital were also positive, seeing a significant reduction in the hospital acquired infection rate, with the result below the hospital's target.
- Infection Prevention and Control have a program in place for continued monitoring of these infections, which is unique among Australian hospitals. Every patient with a positive blood culture is followed up to see why their infection occurred and then what might be done in the future to prevent other infections.
- This program has led to a sustained 70% decrease in the numbers of bloodstream infections caused by intravascular devices. However, in recent years there has been a noted increase in urinary tract infections related to urinary catheters.
- A number of interventions aimed at preventing the occurrence of urinary tract healthcare acquired bloodstream infections are being initiated across the hospital.

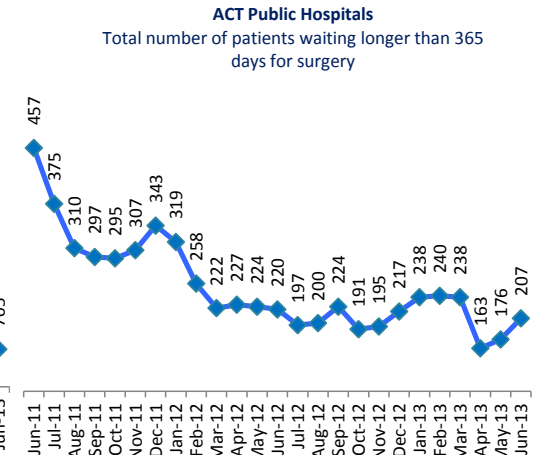
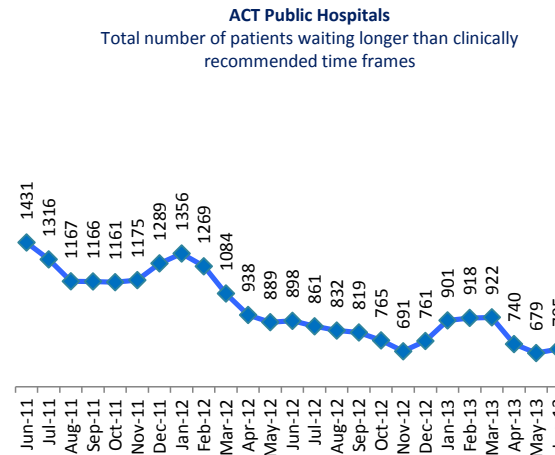
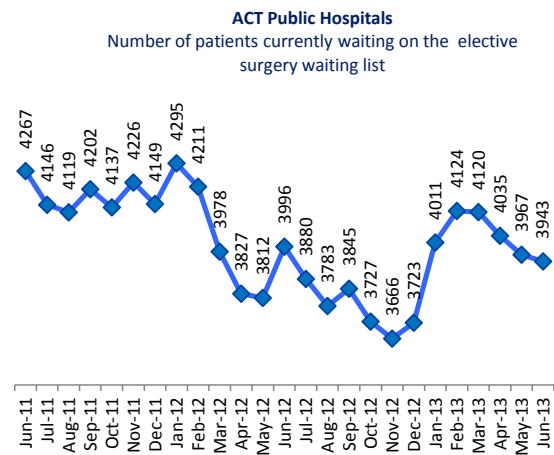
# Surgery in ACT Public Hospitals

## ACT delivers record levels of elective surgery in 2012–13



2 Surgery

## Reducing the number of patients waiting too long for care in 2012–13

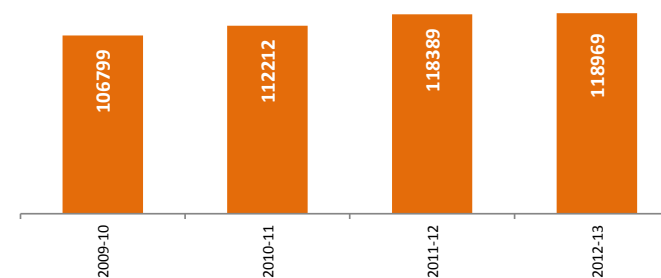


# Emergency Department Services

## Waiting times for emergency department care

Emergency department presentation seen on time			
July to June	2011-12	2012-13	Target
Category 1 (immediately)	100%	100%	<b>100%</b>
Category 2 (<10 mins)	76%	74%	<b>80%</b>
Category 3 (<30 mins)	50%	43%	<b>75%</b>
Category 4 (<60 mins)	47%	46%	<b>70%</b>
Category 5 (<120 mins)	81%	79%	<b>70%</b>
Total All Categories	55%	51%	<b>70%</b>

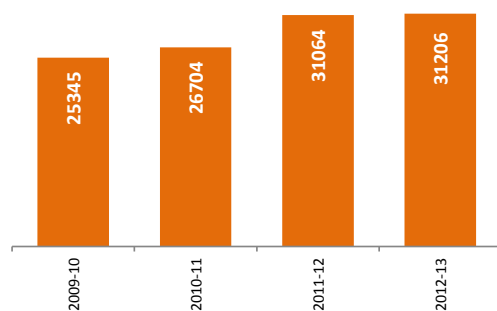
**ACT Public Hospitals**  
Presentations to the emergency departments  
July to June



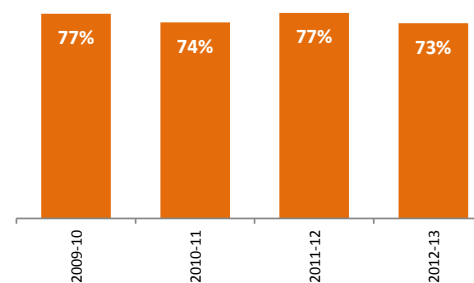
3 Emergency Department

## Access to ward beds from the emergency department

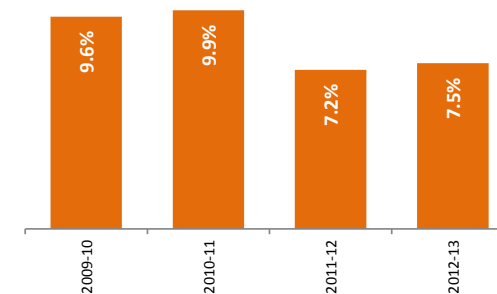
**ACT Public Hospitals**  
Admissions via the emergency department  
July to June



**ACT Public Hospitals**  
Access Block  
(% of patients admitted to a bed within 8hrs)  
July to June



**ACT Public Hospitals**  
Proportion of patients who did not wait for  
treatment  
July to June



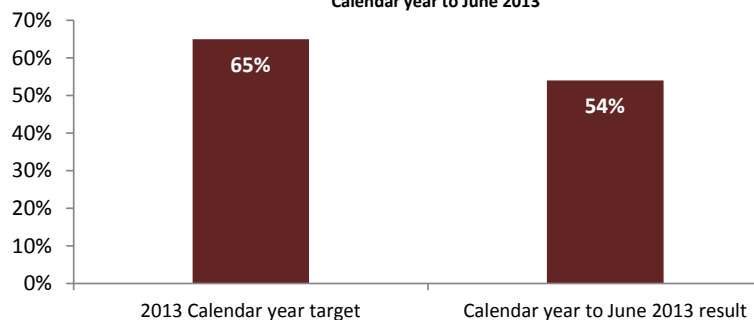


# National Emergency Access Target (NEAT)

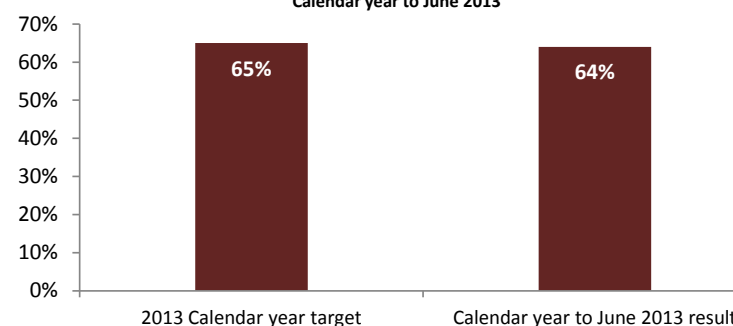
90 percent of all Emergency Department presentations to have a length of stay less than four hours by 2015

4 NEAT

**Canberra Hospital**  
Proportion of emergency department presentations with a length of stay less than four hours  
Calendar year to June 2013

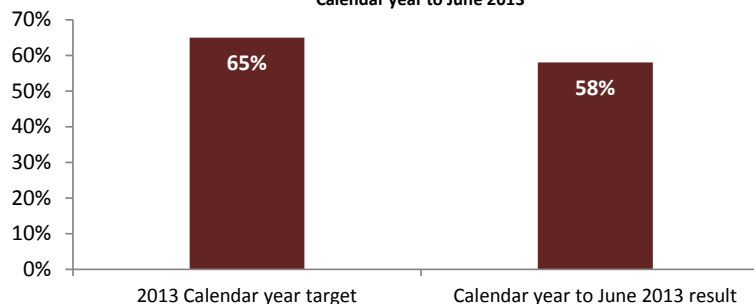


**Calvary Public Hospital**  
Proportion of emergency department presentations with a length of stay less than four hours  
Calendar year to June 2013



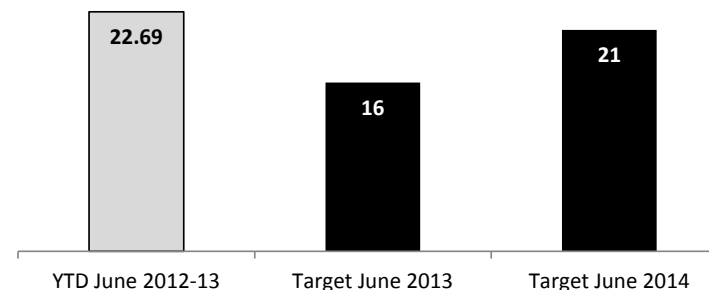
**Emergency department waiting time**  
Target – 90% of all presentations to have an ED stay less than 4hrs by 2015

**ACT Public Hospitals**  
Proportion of emergency department presentations with a length of stay less than four hours  
Calendar year to June 2013



**New sub-acute bed capacity**  
Target at least 21 new sub-acute beds in the system by 2014

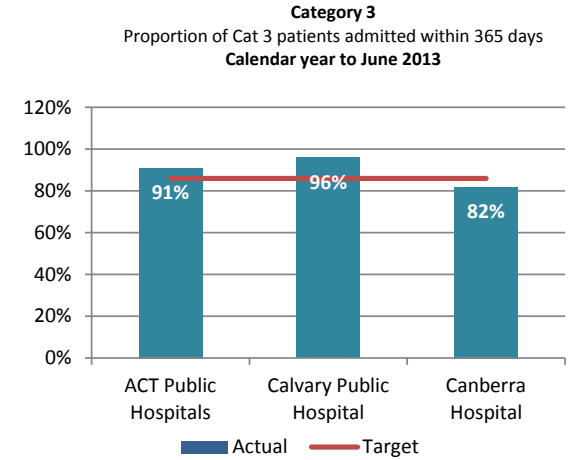
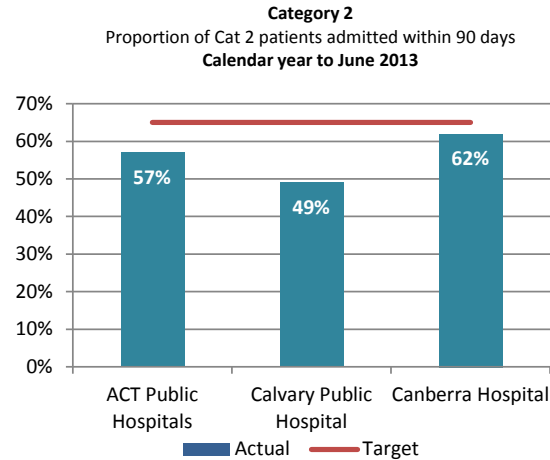
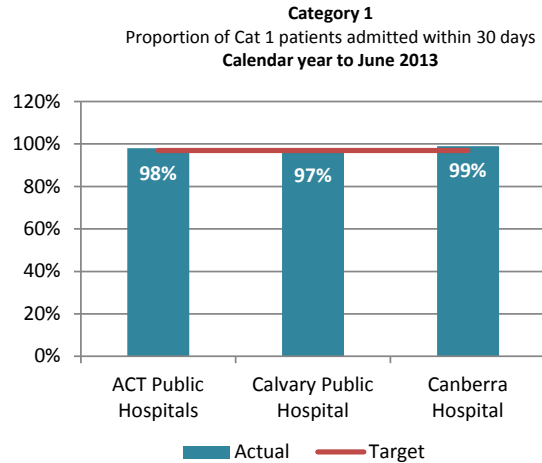
**ACT Public Hospitals**  
Number of new sub-acute beds in the system  
Targets for the next 2 years



# National Elective Surgery Target (NEST)

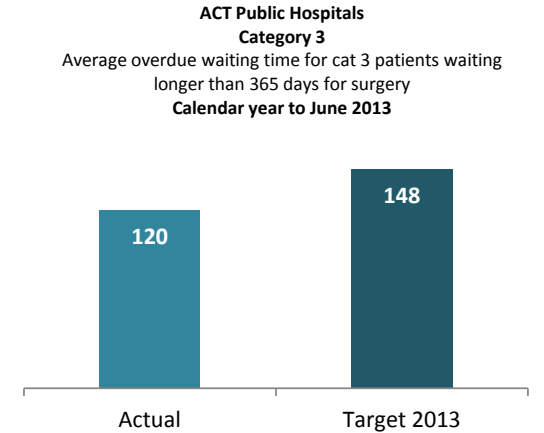
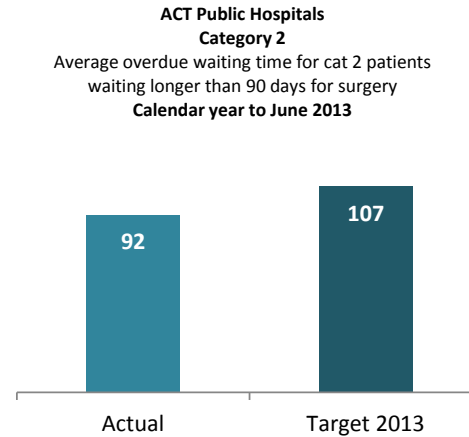
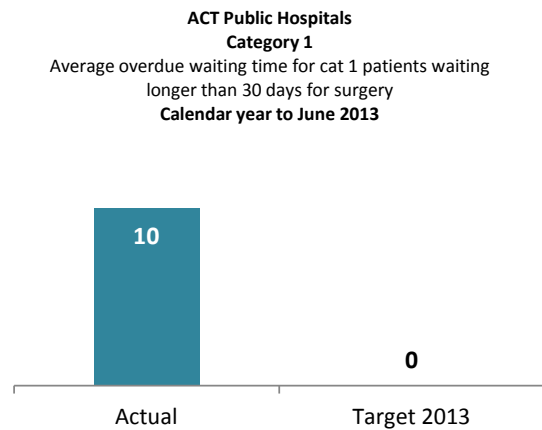
## Part 1 – National Elective Surgery Target

Improvement in patients treated within clinically recommended times



## Part 2 – National Elective Surgery Target

Reduction in patients waiting longer than standard timeframes

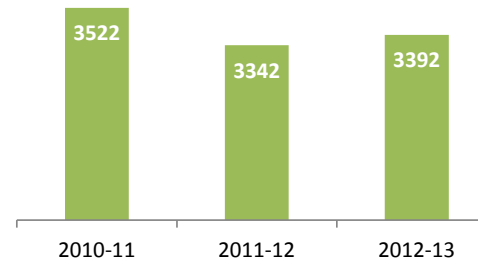


# New South Wales patients accessing treatment in ACT Public Hospitals

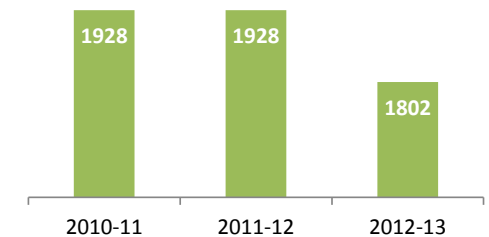
## Meeting the surgical needs of our region

July to June 2012-13		
ACT Public Hospitals	Elective	Emergency
Total all Patients	11579	6890
Total NSW	3392	1802
% NSW patients	29%	27%

**ACT Public Hospitals**  
NSW patients  
Elective surgery operations  
July to June



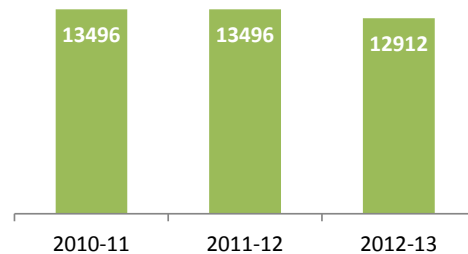
**ACT Public Hospitals**  
NSW patients  
Emergency surgery operations  
July to June



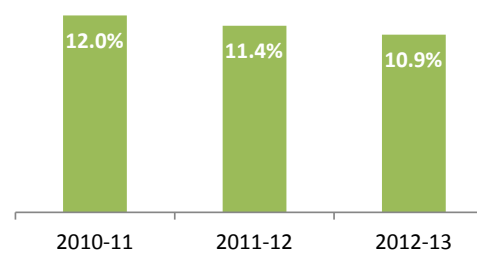
### 6 NSW Patients in ACT

## Emergency department activity for our region

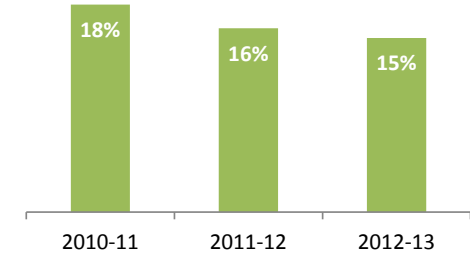
**ACT Public Hospitals**  
NSW patients  
Presentations to the emergency department  
July to June



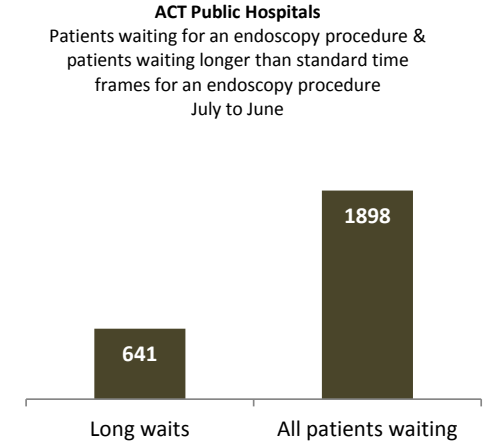
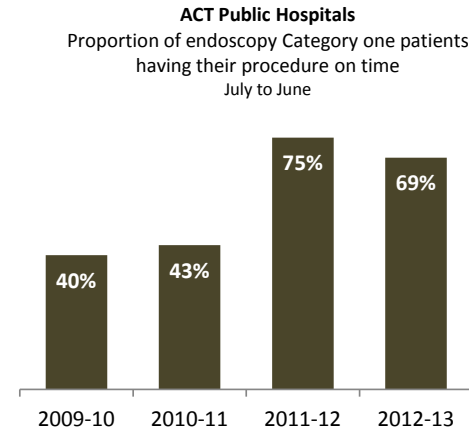
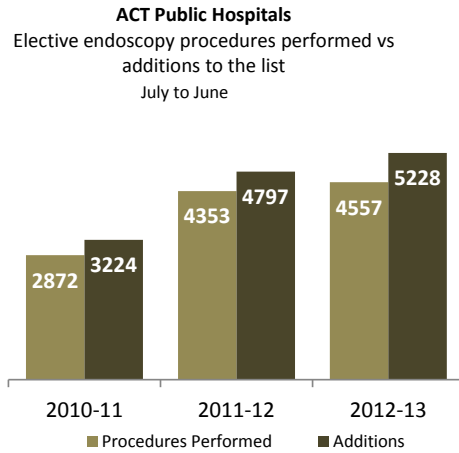
**ACT Public Hospitals**  
NSW patients  
Proportion of all patients who presented to the emergency department who reside in NSW  
July to June



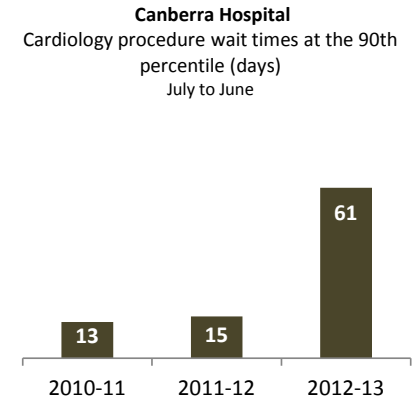
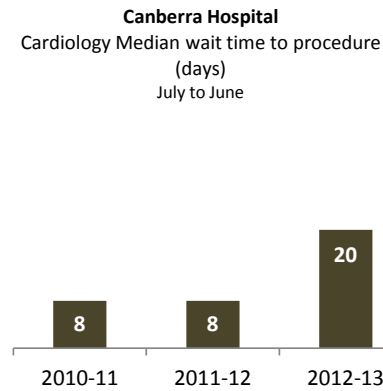
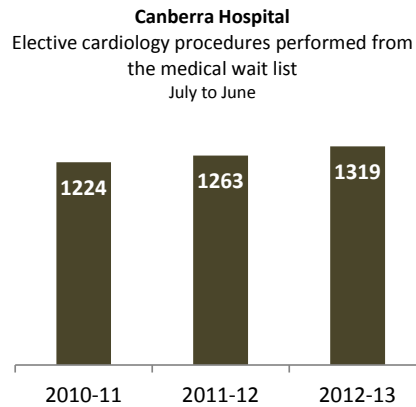
**ACT Public Hospitals**  
NSW patients  
Proportion of NSW admissions to hospital via the emergency department  
July to June



## Endoscopy procedures completed at ACT Public Hospitals

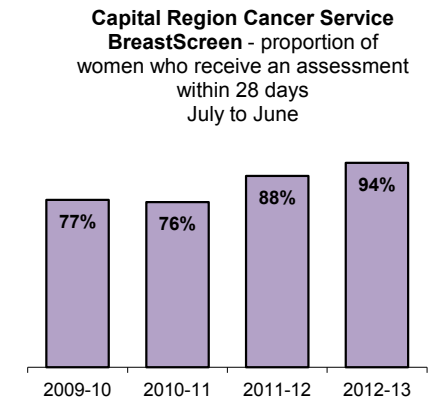
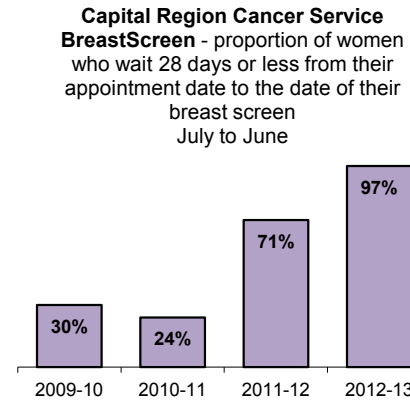


## Cardiology procedures completed at ACT Public Hospitals



## Percentage of radiotherapy patients who commence treatment within standard timeframes and Breast Screening

<b>Radiation Therapy Access</b>			
<b>July to June</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>
Urgent : within 48 hours	100%	100%	100%
Semi-urgent: with 4 weeks	100%	99.8%	99.8%
Non-urgent : within 6 weeks	99.5%	93.6%	98.3%
Total - All Radiotherapy Patients	99.8%	96.7%	99.1%

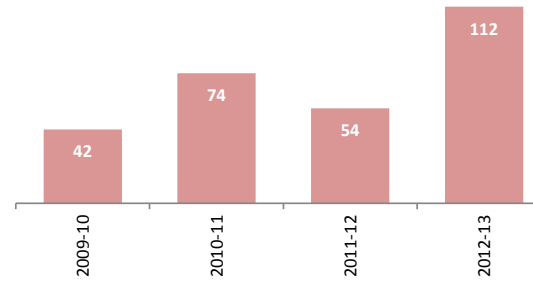


# Rehabilitation and Aged Care Services

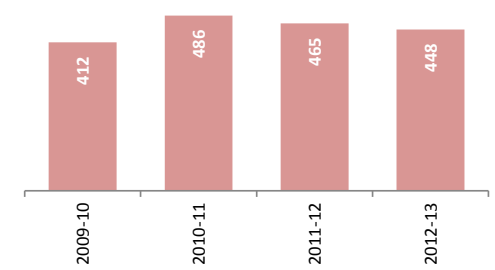
**Rehabilitation, Aged and Community Care Services**  
Average Waiting Time (in days) for ACAT Assessment  
July to June



**Canberra Hospital  
Nursing Home Type Patients**  
Number of separations  
July to June  
*\*No Calvary data available*



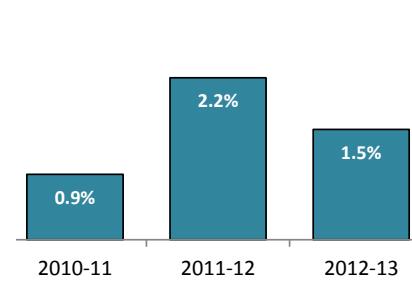
**Rehabilitation, Aged and Community Care Services**  
Number of people assessed in falls clinic  
July to June



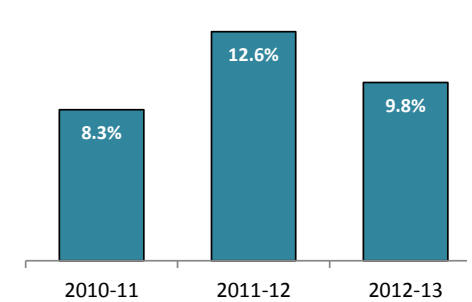
## Mental Health

July to June	2011-12	2012-13*	Targets 2012-13
<b>% Inpatients contacted within 7 days post-discharge</b>			
Calvary	n/a	76%	75%
CH&HS	n/a	91%	75%
<b>Percentage of clients with outcome measures completed</b>			
Calvary	86%	87%	65%
CH&HS	58%	58%	65%

**Use of Seclusion in Mental Health ACT**  
(Seclusion Episodes as % of Admission Episodes)  
July to June



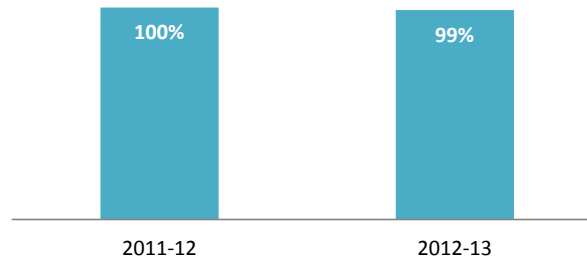
**28 Day Unplanned Readmission Rate**  
Mental Health ACT  
July to June



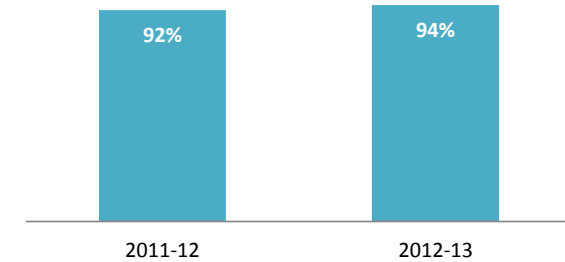
\* In 2012-13 the calculation methodology was changed. The revised method calculates the total aggregate count of the individual hospital services (due to establishment of Local Hospital Network).

## Justice Health

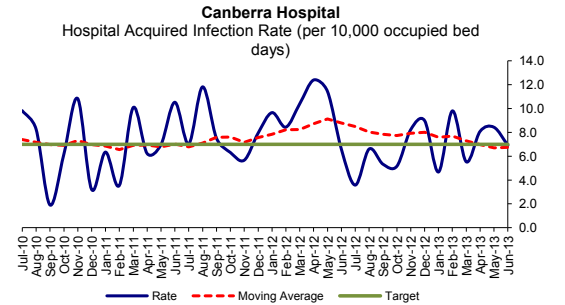
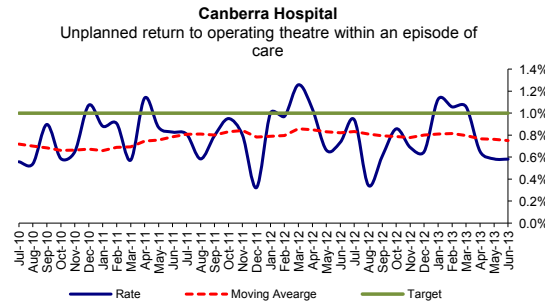
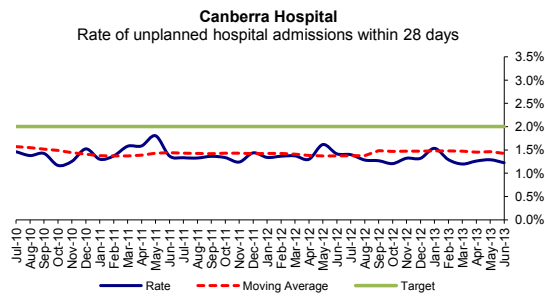
**Proportion of offenders and detainees at the Alexander Maconochie Centre with a completed health care assessment within 24 hrs of detention**  
July to June



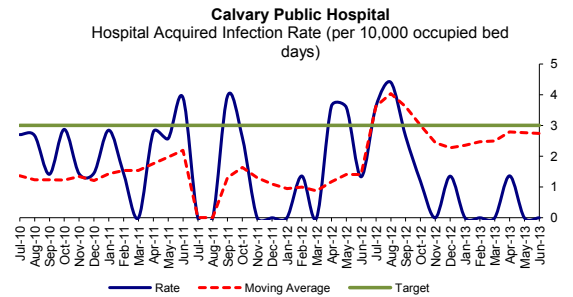
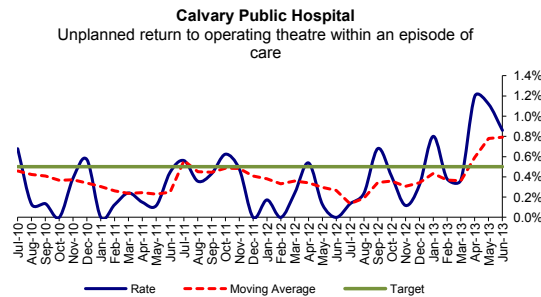
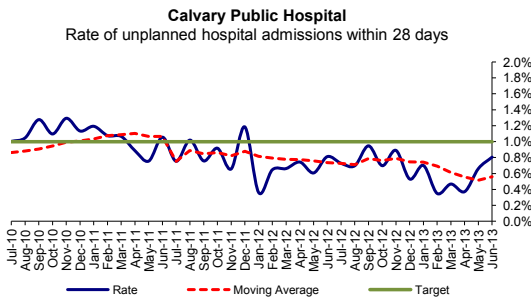
**Proportion of offenders and detainees at Bimberi Youth Detention Centre with a completed health care assessment within 24hrs of detention**  
July to June



## Canberra Hospital



## Calvary Public Hospital





# Selected activity statistics

## Selected ACT Public Hospitals and Community Activity Indicators

	2011-12	July to June 2012-13	% VAR
<b>Health Directorate cost-weighted separations ( Round 14-DRG version 6.0x)</b>			
Output 1.1 – Acute services	87 032	88 803	2%
Output 1.2 – Mental Health, Justice Health and Alcohol and Drug Services	4 146	4 355	5%
Output 1.5 – Cancer services	4 469	4 403	-1%
Output 1.6 – Rehabilitation, Aged and Community Care	4 240	4 256	0%
Total cost weighted separations	99 887	101 817	2%
<b>Inpatient Activity</b>			
Day only patient days (total across all outputs)	52 317	50 084	-4%
Overnight patient days (total across all outputs)	274 851	277 988	1%
Nursing Home Type Patient (NHTP) Bed-Days (on separation – Canberra Hospital only) #	1 976	4 391	122%
Day of Surgery Admission rate	87%	87%	0%
NSW residents as a proportion of total hospital separations	21%	17%	-4%
Emergency surgery as a proportion of total surgery	38%	36%	-2%
Allied health services – Provided in ACT public Hospitals	100 995	102 415	1%
Bed Occupancy Rate (overnight adult medical and surgical beds)	88%	93%	5%
Total number of births in ACT public hospitals	4 490	4 854	8%
Proportion of births by caesarean in ACT public hospitals	29%	28%	-1%
<b>Admissions via Emergency Department</b>	<b>31 064</b>	<b>31 206</b>	<b>1%</b>
Admissions to Emergency Department observational wards	12 782	13 032	2%
Admissions from the Emergency Department to ICU, Surgery, and general wards	18 282	18 174	0%
<b>Emergency Department Activity</b>			
Category 1 Seen (immediate – 2 mins)	484	473	-2%
Category 2 Seen (within 10 mins)	12 939	12 917	0%
Category 3 Seen (within 30 mins)	39 560	40 366	2%
Category 4 Seen (within 60 mins)	52 567	53 656	2%
Category 5 Seen (within 120 mins)	12 839	11 562	-10%
Emergency Department Presentations seen	109 811	110 073	0%
Did Not Waits	8 578	8 922	4%
Total Emergency Department Presentations	118 389	118 977	0%
<b>Walk-in-Centre</b>			
Total presentations	17 450	19 142	10%
Patients treated	11 734	13 665	16%
WIC – % presentations who did not wait	1%	2%	1%
% Treated within the WIC	67%	71%	4%
<b>Elective Surgery</b>			
Additions to the public hospital elective surgery waiting list	13 312	13 617	2%
Numbers of people on the elective surgery waiting list	3 996	3 943	-1%
Removals from the list for surgery	11 300	11 541	2%
Removals from the list for other reasons	2 446	2 063	-16%
Patients on the list recorded as “not ready for care”	914	1 028	12%
Hospital Initiated Postponements	7.1%	7.0%	0%

	2011-12	July to June 2012-13	% VAR
<b>Elective surgery median waiting time to care by urgency category</b>			
Category one patients (admission required within 30 days)	14	14	0 days
Category two patients (admission desirable within 90 days)	89	72	-17 days
Category three patients (admission desirable within 365 days)	198	171	-27 days
<b>Elective endoscopies</b>			
Median waiting time to care by patient urgency category			
Category one patients (admission required within 30 days)	19	21	2 days
Category two patients (admission desirable within 90 days)	128	135	7 days
Category three patients (admission desirable within 365 days)	297	129	-168 days
<b>Breast screens</b>			
Total breast screens performed for ACT residents	15 019	14 017	-7%
Number of breast screens for women aged 50-69	12 475	11 358	-9%
Participation rate of breast screens for ACT women aged 50-69	52%	56%	4%
<b>Additions to the Cervical Cytology Register</b>	<b>33 972</b>	<b>36 857</b>	<b>8%</b>
<b>Rehabilitation, Aged and Community Care</b>			
Allied health services – Number of regional services	22 544	21 740	-4%
Community Nursing – Number of Nursing (Domiciliary and clinic based occasions of service)	83 905	83 962	0%
<b>Mental Health</b>			
<b>Community Services by Group</b>			
Adult	189 802	205 057	8%
Child & Adolescent	52 183	49 078	-6%
Older persons	16 570	14 974	-10%
Proportion of mental health committees with consumer and care representation	100%	100%	0%
<b>Dental Services</b>			
Mean Waiting (time in months) for persons on the Centralised Waiting and Recall List	12	12	-2%
Proportion of urgent patients seen with standard waiting times	100%	100%	0%
<b>Immunisation Coverage – Primary Immunisation schedule measured at 1 year of age (in accordance with the Australian childhood Immunisation Register)</b>			
	93%	93%	0%
<b>Outpatient Care – Non Admitted Services</b>			
ACT public hospitals #	323 986	340 768	5%
Cancer services	60 852	68 532	13%
Aged care and rehabilitation services	1 077	1 485	38%
<b>Total outpatient occasions of service</b>	<b>385 915</b>	<b>410 785</b>	<b>6%</b>

## Emergency department

Triage category	<p>Patients presenting to an emergency department are seen on the basis of clinical urgency as determined by trained medical professionals. Patients are classified into one of five categories, and their access to treatment is based on this clinical categorisation:</p> <ol style="list-style-type: none"> <li>1. Resuscitation—treatment to commence immediately</li> <li>2. Emergency—treatment to commence within 10 minutes</li> <li>3. Urgent—within 30 minutes</li> <li>4. Semi-Urgent—within 60 minutes</li> <li>5. Non-urgent—within 120 minutes</li> </ol>
Target waiting times	<p>The proportion of patients seen at emergency departments within standard waiting times (as set by the Australasian College of Emergency Medicine)</p> <ol style="list-style-type: none"> <li>1. Resuscitation—100% seen on time</li> <li>2. Emergency—80% seen within 10 mins</li> <li>3. Urgent—75% seen within 30 mins</li> <li>4. Semi-urgent—70% seen within 60 mins</li> <li>5. Non-urgent—70% seen within 120 mins</li> </ol>
Access block	<p>The proportion of patients admitted to hospital via the emergency department who wait less than eight hours from the time that treatment commences to the time that the patient is transferred to a hospital ward.</p>

## Elective surgery

Urgency category	<p>Patients listed for elective surgery at ACT public hospitals are assigned one of three priority categories based on their surgeon's opinion about the urgency of the need for surgery in accordance with the definitions in the National Health Data Dictionary:</p> <ol style="list-style-type: none"> <li>1. Urgent—admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency</li> <li>2. Semi-urgent—admission within 90 days is desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency</li> <li>3. Non-urgent—admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly and which does not have the potential to become an emergency (Health Directorate establishes a 365 day maximum desirable waiting time for category three patients).</li> </ol>
Median waiting time	<p>The waiting time at the fiftieth (50th) percentile for all patients admitted for elective surgery at an ACT public hospital in a given period (and for a given patient urgency category).</p>
Waiting times	<p>The proportion of patients admitted for surgery within a given period who are admitted within standard waiting times for their condition.</p>
Removals for surgery	<p>The number of people, in a given period, who are removed from the ACT public hospitals elective surgery waiting list for surgery.</p>
Patients waiting longer than one year for surgery	<p>The number of patients still on the elective surgery waiting list (and who are listed as “ready for surgery”) who have been waiting longer than 365 days (at a given census date).</p>
Long wait patients accessing elective surgery	<p>The number of patients on the ACT public hospitals' waiting lists who have had surgery within a given period whose waiting time was longer than the standard waiting time for their condition when admitted for surgery.</p>
Hospital initiated postponements	<p>The proportion of elective surgery patients booked for surgery in a given period who have their surgery postponed by the hospital (for reasons such as substitution for a more urgent patient, no beds available, etc.).</p>

## Endoscopy

Urgency category	See entry for elective surgery.
Median waiting time	See entry for elective surgery.

## Dental services

Waiting times (urgent)	The proportion of dental health program clients assessed as in need of emergency services who receive care within 24 hours of a request.
Waiting times (general)	The average waiting time (in months) that clients of the adult centralised waiting list wait for care from the time of the request of an appointment to the date of the appointment with the dental health program.

## Radiotherapy

Waiting times (urgent)	The proportion of new radiotherapy patients who are assessed as in need of urgent access to treatment who are provided with treatment within 48 hours of a request.
Waiting times (general)	The proportion of all new radiotherapy patients who are provided with treatment within 28 days of a request.

## Breast screening

Wait time to assessment	The proportion of women requiring assessment who wait 28 days or less from their breast screen appointment to their assessment appointment.
Wait time to appointment	The proportion of women who wait 28 days or less from their appointment date to the date of their breast screen.
Number of screens	Number of ACT women who are provided with breast screens within a given period.
Participation rate	The proportion of women in the ACT in the targeted age group for breast screening (50 to 69 years) who have had a breast screen within the last two years at any given time.

## Bed usage

Occupancy rate	The proportion of available overnight adult medical and surgical beds that are used on average over a given period.
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## Patient safety

Unplanned return to Hospital within 28 days	<p>The proportion of patients who are readmitted within 28 days to the same hospital in which they were previously a patient, where the readmission was:</p> <ul style="list-style-type: none"> <li>• unexpected for further treatment of the same condition for which the patient was previously hospitalised</li> <li>• unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised</li> <li>• unexpected admission for a complication of the condition for which the patient was previously hospitalised.</li> </ul>
Unplanned return to the operating theatre	The proportion of patients who are required to return to the operating room for a further procedure related to complication(s) of a previous operation/ procedure within a single admission.
Hospital acquired infection rate	The incidence of blood stream infections such as staphylococcus aureus (golden staph) acquired within ACT public hospitals, reported as the number of infections per 10,000 non-same day occupied bed days.

## Mental health

Use of seclusion	The proportion of patients who are separated from a psychiatric inpatient unit who were subject to seclusion during their inpatient episode.
Clients seen within seven days post discharge from hospital	The proportion of clients seen at or contacted by an ACT Health community facility during the seven days post-discharge from the inpatient service.
Consumer and carer representation	The proportion of Mental Health ACT committees upon which consumers and carers are represented.

## Immunisation

Childhood immunisations	The proportion of children at one year of age fully immunised in accordance with the Australian Childhood Immunisation Register Schedule.
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## Inpatient separations (Admitted patients)

Cost weighted separations	The number of separations (completed episodes of care) expressed in cost weighted terms. “Cost weighting” allocates a weight for each hospital episode based on the average level of resources used for each type of episode (with the average episode receiving a weight of “1”). As examples, a standard dialysis episode has a weight of 0.17 of the average and a knee replacement has a weight of about “5” (or five times the average). ACT Health used national public hospital cost weights (Round 13) for counting of hospital episodes in 2011–12.
NSW separations	The proportion of patients separated from ACT public hospitals whose residential address is in NSW.
Patient days	In accordance with national definitions, the number of days that a patient spends in hospital. All day only (or same-day) patients are counted as spending one full day in hospital (regardless of the time actually spent in hospital). For non same-day patients, the number of days is calculated by subtracting the separation date from the admission date (in full days).
Nursing home type patient days	The number of patient days on separation for all patients who have been classified as nursing home type patients.
Emergency surgery as a proportion of all surgical services	The proportion of patients who have surgery as a result of an emergency against the total number of surgical procedures.
Day of surgery rate	The proportion of all elective surgery cases who are admitted to hospital on the same day that they have their surgery.
Births	The number of births reported at our public hospitals in a given period.
Caesarean births	The number of births at public hospitals that are reported as being undertaken as caesarean sections.

## Mental health

Community services	The number of community based services provided to each of the three client groups: <ul style="list-style-type: none"> <li>• Adults</li> <li>• Children and adolescents</li> <li>• Older people.</li> </ul>
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# Publication details

This report contains a range of data on Health Directorate services.

The data is correct as at the time of publication. However, some changes to published data may be apparent in subsequent reports due to the availability of more up to date data.

The results and trends noted in the report should be considered in terms of national trends, changes in the level of demand, targets (where appropriate) and recent initiatives aimed at improving performance.

Large amounts of health service information, particularly hospital data, is categorised in accordance with the relative resource usage of the particular service (this is referred to as cost weighted activity).

The allocation of particular codes (or cost weights) in relation to the type of services provided can take some time to complete, especially in relation to those patients who require a range of services during a single hospital stay.

Cost weights are updated regularly to reflect changes in costs and practice. Care needs to be taken in comparing data in this report with data presented in previous reports in previous years that may be presented using earlier versions of the National Public Hospital Cost Weights.

Cost weights in this report are provided using Round 14 National Public Cost Weights.

For further information about cost-weights, visit the Commonwealth Department of Health and Ageing website:

<http://health.gov.au/internet/wcms/publishing.nsf/Content/Casemix-1>

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